



<b>CHANGE OF CORRESPONDENCE ADDRESS Application</b>  Address to: Assistant Commissioner for Patents Alexandria, VA 22313-1450	<b>Application Number</b>	<b>10/526,513</b>
	<b>Filing Date</b>	<b>MARCH 4, 2005</b>
	<b>First Named Inventor</b>	<b>Torsten SOLF</b>
	<b>Group Art Unit</b>	<b>2624</b>
	<b>Examiner Name</b>	<b>Nancy BITAR</b>
	<b>Attorney Docket Number</b>	<b>DE020203US</b>

Please change the Correspondence Address for the above-identified application to:				
<input checked="" type="checkbox"/> Customer Number	<div style="border: 1px solid black; padding: 2px; display: inline-block;">24737</div> <div style="display: inline-block; vertical-align: middle;">→</div>		<div style="border: 1px solid black; padding: 10px; text-align: center;"> <h1 style="margin: 0;">24737</h1> <p style="margin: 0;">PATENT TRADEMARK OFFICE</p> </div>	
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<p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>I am the :</p> <p><input type="checkbox"/> Applicant.</p> <p><input type="checkbox"/> Assignee of record of the entire interest. Certificate under 37 CFR 3.73(b) is enclosed.</p> <p><input checked="" type="checkbox"/> Attorney or agent of record.</p> <p><input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____</p>				
Typed or Printed Name	Michael E. MARION, Registration No. 32,266			
Signature	/Michael E. Marion/			
Date	16 January 2008			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
<input checked="" type="checkbox"/> *Total of 1 forms are submitted.				